

VENDOR NAME Park-Hyatt Washington VENDOR # _____
 ADDRESS (If not on invoice) _____

PAYING ENTITY	REG CO #	EMC #
HYATT CORPORATION	2100	N/A
CALIFORNIA HYATT CORPORATION	2110	N/A
MG, INC.	2000	300
ROSEMONT PURCHASING	2221	N/A
GOLD PASSPORT	9100	N/A

GL/ACCT Approval

GL/ACCT Approval

ACCT. #	ACCT. DESCRIPTION	CENTER #	AMOUNT
5565 6300	Relocation Expenses	2060	2974.90
		TOTAL	2,974.90

SPECIAL REQUESTS:

EXPLANATION TO APPEAR ON CHECK, (16 CHARACTER LIMIT) _____

RETURN CHECK TO Eve West EXT # 8083

PAYMENT MUST BE RECEIVED BY VENDOR BEFORE _____

FEDERAL EXPRESS (COMPLETED FEDERAL EXPRESS FORM MUST BE ATTACHED)

BILL BACK (COMPLETED FORM MUST BE ATTACHED)

CODED BY: Carrie

DATE: _____

APPROVALS: _____

DATE: 5/24/02

A/P AUDIT: _____

DATE: _____

DATE: _____

Confidential
27576